

terests are not immediately threatened. Improving the image of organized medicine, a topic much in discussion at the 1970 Annual Convention, could lead to increased leverage in helping to shape health care delivery systems, national health insurance and peer review.

We feel that the most effective way for medical students to influence AMA policies and actions and to obtain education in the machinery of organized medicine is to be a part of a regular state delegation. We would like to thank the CMA for giving us this opportunity, and we thank the AMA delegates and alternates from the many state medical associations who received us so cordially. In the future we would like to continue and expand our work, both in formulating student-initiated resolutions to be presented to future AMA conventions and in working with the CMA at those conventions. We hope that our presence has been of assistance to the California delegation.

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Magendie on Medicine

To the Editor: The clipping below is meant to ring a bell. Bell—as in Sir Charles—of course, had a dirty ring in François Magendie's ears: the two men, you will recall, fought a priority battle over the law of the nerve roots. Rooting for Ma-

*From the San Francisco EVENING BULLETIN,
September 16, 1856:*

Let me tell you, gentlemen, what I did when I was the head physician at the Hotel Dieu. Some 3,000 or 4,000 patients passed through my hands every year. I divided the patients into two classes; with one, I followed the dispensary and gave them the usual medicines without having the least idea why or wherefore;

to the other, I gave bread pills and colored water, without, of course, letting them know anything about it—and occasionally, gentlemen, I would create a third division to whom I gave nothing whatever. These last would fret a good deal, they would feel they were neglected (sick people always feel they are neglected, unless they are well drugged the fools!) and they would irritate themselves until they really got sick, but nature invariably came to the rescue, and all the persons in this third class got well. There was little mortality among those who received but bread pills and colored water, and the mortality was greatest among those who were carefully drugged according to the dispensary.

gendie, however, means to us—as it meant to some of our great-great-great grandfathers—cheers for his concept of the scientist as “rag-picker,” or collector and checker of scrappy observations. For if you are the man to present some puppies with a multiple choice of Gruyère cheese, wood, and cork, all neatly packaged (after cutting either olfactory or trigeminal nerve so as to check the respective division of labor of the two) you are also one to devise an analogous controlled experiment involving drugs and placebos offered in bread pills to patients. From the sublime of animal experimentation to the ridiculous of clinical pharmacology is, after all, only one step. And as the author of a standard “Formulary,” as well as the sentence “They are always looking for what they anticipate, never for what really is,” you were still true to yourself when you launched the movement that (via Vienna) became known as “therapeutic nihilism”—and dangerously close to Christian Science half a century later.

Magendie died in the year before the readers of the San Francisco *Evening Bulletin* became acquainted with his outrageous if pertinent views. In 1856 the crotchety pundit with a scorn for both doctors and patients was medical news of a sort. But has his message fully sunken in? After twelve decades, and much cerebrospinal fluid down through “his” foramen, we still have to admit: “Touché, Monsieur Magendie!”

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